

DIET AND HYDROTHERAPY IN THE TREATMENT OF RHEUMATISM AND GOUTY CONDITIONS.*

By ROBERT CREES, M. D., Paso Robles.

Diet and hydrotherapy are familiar subjects in the treatment of rheumatism and gout, and are usually resorted to when medicinal means fail. Uncertainty of etiology and difficulty in differential diagnosis has developed a tendency to treat both disorders along the same line; hence we find the same dietary restrictions applied to both diseases. The hydrotherapeutic measures used in these cases, are much the same at all health resorts, with the exception of what differences there may be in the composition of the different mineral spring waters. The value of the present dietetic method is held to lie in withholding from the food certain nitrogenous products that are said to increase the formation of uric acid.

The hydrotherapeutic measures are aimed at eliminating from the system the accumulation of uric acid considered to be the cause of the symptoms. It may justly be contended that the medical fraternity do not hold that uric acid retention is the cause of all these complaints, but a long practical experience at a health resort has demonstrated that there are practitioners who still hold these views, and that the idea is a prevalent one among the laity.

For the purpose of this paper it matters not what theories are held regarding the causation of these complaints; and I am convinced that until we have a clearer conception of their etiology we can meet all dietetic and hydrotherapeutic indications by considering the physical condition of the patient, and regulating the treatment accordingly, equally as well as in adhering to rules suggested by a theory which may or may not be correct.

In plethoric, gouty, cases it has been my practice to reduce the quantity of food ingested, rather than restrict the nitrogenous products, and the results obtained have been satisfactory. Whether this method would be efficacious in patients treated by medicinal means at home, I am not in position to say, as this assertion is based on the observation of only those cases that were undergoing the hot springs treatment at the time they were thus dieting. On the other hand, in cases, whether of rheumatism or gout, where the patients have suffered a considerable loss in bodily weight, they were placed on a liberal mixed diet. The hydrotherapeutic treatment of rheumatism and gout is of even more importance than the dietetic, and if carried out with due regard for its dangers as well as its benefits, will prove productive of much benefit.

The methods used at the various health resorts, consist in drinking certain spring waters and in giving hot saline, sulphur, and mud baths. No satisfactory explanation has as yet been given to account for the virtues which mineral spring waters are said to possess, as waters widely varying in composition have equally beneficial effects. In the main they

act as diuretics and laxatives. If there are any specific alterative properties in the mineral ingredients it has not yet been fully demonstrated.

The hot baths, whether they be the saline, the sulphur or the mud, are highly lauded in the treatment of these complaints. If we analyze their action we find that they stimulate the secretory apparatus of the skin, cause a dilatation of the peripheral vessels and a consequent lowering of blood pressure. From this it would appear that the principal virtue of mineral springs treatment is that of elimination. The dangers attending this form of treatment are, irritation of the kidneys, due to drinking large quantities of water heavily charged with mineral ingredients, disturbance of digestion from drinking these waters at unseasonable hours, and the debilitating influence of excessive hot bathing. For these reasons the indiscriminate hot bathing and drinking of mineral waters, now a common practice at health resorts, should be discouraged. In applying dietetic and hydrotherapeutic measures to cases of rheumatism and gout, consideration must be had for the condition of the patient's nutrition. If his vitality be low the bodily functions are below par, and an attempt at elimination by a system of hot bathing, unless great care be exercised, would only further lower vitality, and thus defeat the object of the treatment: whereas, in the vigorous, well-nourished patient, the process of elimination by hot baths and reduced diet may be continued to some length with benefit, but that it may be carried too far, the following case would tend to show:

March 7th; Mr. S., age 50 years; merchant. This patient has had a number of attacks of articular gout, the first, eight years ago, a typical outbreak, confined to the big toe joint, since which they have occurred yearly or oftener. The present attack began four months ago and involved a number of joints. After trying medicinal treatment a short time without effect, he visited several of the health resorts of this state, where he was subjected to the usual eliminative treatment, consisting of hot saline, sulphur, and mud baths, and blanket sweats; he had during the period of three months 50 such treatments, while at the same time he was on a restricted diet. When I first saw him, both feet, ankles, knees, and one wrist, were swollen, temperature was normal, heart sounds clear, arterial tension low, and his weight 35 pounds below normal. Considering this a case of debility from excessive bathing and too little food, a full mixed diet was ordered, and a daily tonic bath prescribed. By this, I mean the application of water to the surface of the body in the form of douches under specified pressure and temperature; its effects are tonic rather than depressing. The patient was put into a hot air cabinet and kept there until he began to perspire, he was then removed to the circular douche, where water is played on the trunk in fine streams at a pressure of 20 pounds, the temperature of the water being 95 deg. F., gradually reduced to 90 deg. during a period of one minute, after which he was sprayed with water from the nozzle of a hose, delivered at a pressure of 20 pounds, the stream being made fan shape through the manipulation of the attendant; the temperature of this was 85 deg. reduced to 80 deg., during a period of 30 seconds; this is known as a fan douche. The temperature of this douche is gradually lowered from day to day as may be required. In this case 75 deg. was the minimum temperature reached. A five-minute friction and

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slapping of the surface to aid reaction completed the treatment. This treatment was given daily during the first week, and the improvement in both general health and the articular symptoms was quite marked. He gained four pounds in weight. During the second week, two hot sulphur baths followed by massage, and four tonic baths were given; continuous improvement in the joint symptoms was noted, and the patient gained three pounds during this week. The third week's treatment was a repetition of the second, the patient gaining three pounds in a week, a total of ten pounds in the three weeks. The joint swelling had nearly all disappeared and he was able to get about without the aid of either crutches or cane.

Cases such as this, where the vitality has been greatly depressed by an excessive hot bath treatment, are much more frequently seen at health resorts than would be supposed. The reason for it is the prevailing popular idea that rheumatic and gouty conditions are only cured by a process of sweating. Hence, patients seeking these resorts for treatment, and without the advice of a physician, are very prone to carry it too far. This is particularly noticeable in patients whose vitality was low when commencing treatment. From this I contend that the most rational method to adopt in treating rheumatic and gouty patients at health resorts, is to regulate both diet and bathing, from the standpoint of physical condition rather than that of the theoretical considerations of etiology.

CASE OF DOUBLE SENILE CATARACT WITH SPONTANEOUS POSTERIOR DISPLACEMENT OF BOTH LENSES.*

By P. A. JORDAN, M. D., San Jose.

I wish to report the following case because of its comparative infrequent occurrence.

M. K., age 87; male; formerly policeman; confined to bed for the past four years with senile dementia. Has lain on his back most of the time; able to sit, stand, and take nourishment.

Patient was first seen by the writer two years ago, March, '04, in company with Dr. G. W. Fowler. Double senile cataract was readily diagnosed. The pupil of each eye plainly disclosed the pearly white cataract. The patient had light perception, and possible projection, though his demented condition forbade obtaining subjective tests. He could not see better than shadows. Extraction was considered, but his physical condition would not allow it. His white cataracts were plainly visible to the nurse, who three times a day brought him his food, and his blindness was also self evident.

One morning, three months later, when the nurse approached, the patient exclaimed, "I can see you." And on testing, it was found he could differentiate people, objects and colors. The pupils no longer disclosed white cataracts, but had the normal black appearance. Closer inspection revealed the lenses hanging backward in the vitreous. The zonula of Zinn had given way and gravity had favored backward dislocation.

In January, '06, atropine one per cent was instilled three times a day for seven days. No dilation followed. Iris was tremulous. The lenses up to time of death four weeks ago, were one-third their original size, and could be seen to flap up and down in the vitreous on motion of the eyes. An autopsy could not be obtained.

Remember our new address, 2210 Jackson Street, San Francisco.

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PROPRIETARY MEDICINES.

SOME GENERAL CONSIDERATIONS.*

By GEORGE H. SIMMONS, M. D., Chicago.

PROPRIETARY MEDICINES.

A proprietary medicine is a preparation that is owned or controlled by an individual or individuals. This control is held either by a copyright or trade name, or by a patent. Proprietary preparations controlled by copyright or trade names are generally mixtures, and are often secret or semi-secret in character. It is the name of the article that protects it.

There is no objection to proprietary medicines *per se*, if we are to recognize the commercial rights of those who supply us with medicines. The commercializing of the literature relating to our *materia medica*, however,—which seems to be necessarily associated with proprietary interests—is against a true scientific spirit and is demoralizing, both to pharmacy and to medicine.

The ideal proprietaries are those that are made so by the manufacturers attaching their own and not a fanciful name to the preparation. For instance, Squibb's ergot is a proprietary preparation, in so far that if a physician prescribe for this preparation he will get Squibb's ergot as surely as he would if it were sold under some fanciful name. So with other articles, whether mixtures or simples, if the maker's name is attached. These are the ideal proprietaries and ought to be encouraged, for this means the encouragement of a high standard of quality.

PATENTED MEDICINES.

Patented medicines are those which are made patent or open; in consideration of the owner making known his methods of manufacture he is protected against infringement of his rights for a certain number of years.

Nearly all patented medicines are chemical compounds "made in Germany"; but, incidentally, it might be said they are not much used in Germany; at least not as much so as in this country. Theoretically, there is no objection to patented medicines; at least, they are not secret, nor is there anything mysterious about them. Practically, they have become almost as much of a nuisance as the nostrums because of their vast and ever-increasing number, and especially because the manufacturers are so extremely anxious to get physicians to prescribe them that they often stretch the truth to the breaking point in the literature describing their value as therapeutic agents.

"PATENT MEDICINES" AND PROPRIETARY MEDICINES.

Proprietary medicines, theoretically at least, may be divided into two classes: those that are sold directly to the public, and those that are put up for and advertised only to the medical profession. The former are called "patent medicines." This is an arbitrary, absurd, and meaningless term, but one that will doubtless continue to be used. The latter, those advertised to physicians, are usually called "proprietary." But when the Proprietary Association of America, an organization made up principally of "patent medicine" men, discusses the prep-

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